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FROM: John C. Reich

OUR REF: 09015.0135-US-01

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Applicant: BLOMQUIST

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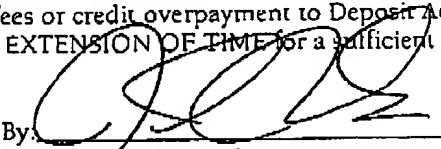
Our Ref. No. 09015.0135-US-01

Confirmation No. 8019

Claims as Amended

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
31	-	25	=	6	x	50.00	=	\$300.00
Independent Claims								
5	-	4	=	1	x	200.00	=	\$200.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$500.00

Please charge Deposit Account No. 13-2725 in the amount of \$500.00 for Additional Claims in the "Claims as Amended". Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
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